

222222		a Employee's social security number		OMB No. 1545-0008							
b Employer identification number (EIN) 579632875				1 Wages, tips, other compensation 80,463		2 Federal income tax withheld 16,865					
c Employer's name, address, and ZIP code Prada Paper Company 225 5th Ave New York, NY 11413				3 Social security wages 80,463		4 Social security tax withheld 4,000					
				5 Medicare wages and tips 80,463		6 Medicare tax withheld 2,500					
				7 Social security tips		8 Allocated tips					
d Control number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Huckleberry Hound 115 Dogwood Street Cherry Hill, NJ 08002				11 Nonqualified plans		12a s a c c					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b s a c c					
				14 Other		12c s a c c					
						12d s a c c					
f Employee's address and ZIP code											
15 State Employer's state ID number NY 579632875		16 State wages, tips, etc. 80463		17 State income tax 2029		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
DE 579632875		35758		649							

2008 NR

DELAWARE INDIVIDUAL
NON-RESIDENT
INCOME TAX RETURN
FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

or Fiscal year beginning _____ and ending _____
Your Social Security No. _____ Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name HOUND	First Name and Middle Initial HUCKLEBERRY	Jr., Sr., III., etc.
Spouse's Last Name HOUND	Spouse's First Name SUE	Jr., Sr., III., etc.
Present Home Address (Number and Street) 115 DOGWOOD STREET		Apt. #
City CHERRY HILL	State NJ	Zip Code 08002

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widow(er) 3. ☐ Married & Filing Separate Forms
2. ☒ Joint 5. ☐ Head of Household

Check if FULL-YEAR
non-resident in 2008 ☐

Form DE2210 Attached ☐

If you were a part-year resident in 2008, give the dates you
resided in Delaware.

From _____ 2008 To _____ 2008
Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1).....	37	80,630	00
38. (a) If you elect the STANDARD DEDUCTION check here..... a. <input type="checkbox"/> Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500 (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b. <input checked="" type="checkbox"/>	38	11,993	00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>	39		00
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here.....	40	11,993	00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount.....	41	68,637	00
42. Tax Liability Computation A Line 30 A <input type="text" value="35758"/> <input type="text" value="00"/> B Line 30 B <input type="text" value="80630"/> <input type="text" value="00"/> = <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="5"/> x <input type="text" value="3458"/> <input type="text" value="00"/>	42	1,534	00
PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)			
43a Enter number of exemptions claimed on Federal return _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43a	146	00
43b CHECK BOX(ES) Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/> Enter number of boxes checked on Line 43b _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43b		00
44. Tax imposed by State of _____ (Must attach copy of DE Sch. I and other state return) (Part-Year Residents Only. See instructions, page 11).....	44		00
45. Other Non-Refundable Credits (See instructions, page 11).....	45		00
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....	46	146	00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....	47	1,388	00
48. Delaware Tax Withheld (Attach W-2s/1099s).....	48		00
49. 2008 Estimated Tax Paid & Payments with Extensions.....	49		00
50. S Corporation Payments (Form 1100S/A-1 Required).....	50		00
51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50.....	51	649	00
52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here.....AMOUNT YOU OWE >	52	739	00
53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT >	53		00
54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife <input type="text" value="00"/> F. Organ Donations <input type="text" value="00"/> B. U.S. Olympics <input type="text" value="00"/> G. Diabetes Educ. <input type="text" value="00"/> C. Emergency Housing <input type="text" value="00"/> H. Veteran's Home <input type="text" value="00"/> D. Children's Trust <input type="text" value="00"/> I. DE National Guard <input type="text" value="00"/> E. Breast Cancer Educ. <input type="text" value="00"/> J. Juv. Diabetes Fund <input type="text" value="00"/>	TOTAL >	54	00
55. AMOUNT OF LINE 53 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT.....ENTER >	55		00
56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions.....ENTER >	56		00
57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full.....PAY IN FULL >	57	739	00
58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53.....ZERO DUE/TO BE REFUNDED >	58		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature X	Date	Signature of Paid Preparer X	Date	EIN,SSN or PTIN
Spouse's Signature (If filing joint) X	Date	Address	Zip Code	
Home Phone	Business Phone	Business Phone		
Email Address		Email Address		



DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00
6. Enter the total here and on Page 1, Line 44. You must attach a copy of the other state return(s) with your Delaware tax return	6		00

This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.



2008

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DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 2000-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No. _____

Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name JOHNSON	First Name and Middle Initial TEST	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.

Present Home Address (Number and Street) 2610 WALNUT STREET		Apt. #
City NEW CASTLE	State DE	Zip Code 19720

FILING STATUS (MUST CHECK ONE)

1. ☒ Single, Divorced, Widower(er) 3. ☐ Married & Filing Separate Forms 5. ☐ Head of Household
2. ☐ Joint 4. ☐ Married & Filing Combined Separate on this form

Form DE2210
Attached

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From _____ 2008 To _____ 2008
Month Day Month Day**Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.**

	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1	00	30,567 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input checked="" type="checkbox"/> Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input type="checkbox"/> b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2	00	3,250 00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3	00	00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4	00	3,250 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5	00	27,317 00
6. Tax Liability from Tax Rate Table/Schedule	00	1,130 00
7. Tax on Lump Sum Distribution (Form 329)	00	00
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8	00	1,130 00
PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.		
9a. Enter number of exemptions claimed on Federal return _____ 3 _____ X \$110..... 9a	00	330 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110..... 9b	00	00
10. Tax imposed by State of PA (Must attach copy of DE Schedule I and other state return)..... 10	00	938 00
11. Vol. Firefighter Co.# - Column A _____ (Filing Status 4 only) Column B _____. Enter credit amount.. 11	00	00
12. Other Non-Refundable Credits (see instructions on Page 7)..... 12	00	00
13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)..... 13	00	00
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14	00	00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15	00	1,268 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16	00	0 00
17. Delaware Tax Withheld (Attach W2s/1099s)..... 17	00	00
18. 2008 Estimated Tax Paid & Payments with Extensions.... 18	00	00
19. S Corporation Payments Form 1100S/A-1 Required.... 19	00	00
20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here..... > 20	00	0 00
21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here..... > 21	00	0 00
22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here..... > 22	00	0 00
23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23	0	00
24. AMOUNT OF LINE 22 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT..... ENTER > 24	0	00
25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions..... ENTER > 25	0	00
26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 26	0	00
For all other filing statuses, enter Line 21 plus Lines 23 and 25		
27. NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 27	0	00
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22		



Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

28.	Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	28		00	30,567	00
29.	Interest on State & Local obligations other than Delaware.....	29		00		00
30.	Fiduciary adjustment, oil depletion.....	30		00		00
31.	TOTAL - Add Lines 29 and 30.....	31		00		00
32.	Subtotal. Add Lines 28 and 31.....	32		00		00

33.	Interest received on U.S. Obligations.....	33		00		00
34.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	34		00		00
35.	Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10.....	35		00		00
36.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)...	36		00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here.....	37		00		00
38.	Subtotal. Subtract Line 37 from Line 32.....	38				
39.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	39		00		00
40.	TOTAL - Add Lines 37 and 39.....	40		00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1....	41		00		00

42. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29.....	42		00		00
43. Enter Foreign Taxes Paid (See instructions on Page 11).....	43		00		00
44. Enter Charitable Mileage Deduction (See instructions on Page 11).....	44		00		00
45. SUBTOTAL. - Add Lines 42, 43, and 44 and enter here.....	45		00		00
46a. Enter State Income Tax included in Line 42 above (See instructions on Page 11).....	46a		00		00
46b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	46b		00		00
47. TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions).....	47		00		00

[illegible]

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature		Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return)		Date	Address-Zip Code	
Home Phone	Business Phone		Business Phone	EIN, SSN OR PTIN
E-Mail Address			E-Mail Address	

(Rev 10/15/08) (VENDOR ID #)



2008 DELAWARE RESIDENT SCHEDULES

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00	938	00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00	938	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child **YOU CLAIMED** the Earned Income Credit for on your federal return.

Qualifying Child Information

	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7	
8. Child's SSN	8	
9. Child's Year of Birth.....	9	
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10	00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11	00
12. Delaware EITC Percentage (20%).....	12	.20
13. Multiply Line 11 by Line 12	13	00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19

or Resident Return, Line 23..... 15 00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 518894956				1 Wages, tips, other compensation 30,567		2 Federal income tax withheld 4,209	
c Employer's name, address, and ZIP code John CPA Company 25 Computer Street Philadelphia, PA				3 Social security wages 30,567		4 Social security tax withheld 1,200	
				5 Medicare wages and tips 30,567		6 Medicare tax withheld 800	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Test Johnson 2610 Walnut Street New Castle, DE 19720				11 Nonqualified plans		12a	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
PA	518894956	30567	938				
-----		-----		-----		-----	

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-03 EZ

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No.	Spouse's Social Security No.
--------------------------	------------------------------

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name MOUSE	First Name and Middle Initial MINNIE	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.

Present Home Address (Number and Street)		Apt. #
120 DISNEY STREET		
City	State	Zip Code
BRIDGEVILLE	DE	19933

FILING STATUS (MUST CHECK ONE)

1. ☒ Single, Divorced, Widow(er) 2. ☐ Joint 5. ☐ Head of Household

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From

Month	Day	

 2008 To

Month	Day	

 2008

CHECK IF: **YOU WERE** 65 OR OVER ☐ BLIND ☐ CHECK IF: **SPOUSE WAS** 65 OR OVER ☐ BLIND ☐

1.	ENTER AMOUNT FROM FEDERAL RETURN (See instructions on back).....	1	90,564	00
2.	Pension/Retirement Exclusion (See instructions on back).....	2	12,500	00
3.	Delaware Adjusted Gross Income. Subtract Line 2 from Line 1.....	3	78,064	00
4.	Standard Deduction: Filing Statuses 1 & 5 Enter \$3250 Filing Status 2 Enter \$6500.....	4	3,250	00
5.	ADDITIONAL STANDARD DEDUCTION FROM WORKSHEET (See back).....	5	2,500	00
6.	Add Lines 4 and 5.....	6	5,750	00
7.	Subtract Line 6 from Line 3. This is your TAXABLE INCOME Compute Tax on this Amount or Use the Tax Table.....	7	72,314	00
8.	Tax Liability from Tax Table/Schedule.....	8	3,676	00
9a.	Enter number of exemptions claimed on Federal Return. <u>1</u> X \$110.....	9a	110	00
9b.	CHECK BOX(ES): If you were 60 or over <input checked="" type="checkbox"/> Spouse was 60 or over (Filing Status 2) <input type="checkbox"/> Enter number of boxes checked _____ X \$110.....	9b	110	00
10.	Tax imposed by State of _____ (Must attach copy of other state return and DE Schedule I).....	10		00
11.	Earned Income Tax Credit. See instructions on Page 8 for required documentation to attach.....	11		00
12.	TOTAL Non-Refundable Credits. Add Lines 9a, 9b, 10 & 11 and enter here.....	12	220	00
13.	BALANCE. Subtract Line 12 from Line 8 and enter here. If Line 12 is greater than Line 8, enter "0" (ZERO).....	13	3,456	00
14.	Delaware Tax Withheld (Attach W-2s/1099s).....	14	3,000	00
15.	2008 Estimated Tax and Extension Payments.....	15		00
16.	TOTAL Refundable Credits. Add Lines 14 and 15 and enter here	16		00
17.	BALANCE DUE. If Line 13 is greater than Line 16, subtract Line 16 from Line 13 and enter here.....>	17	456	00
18.	OVERPAYMENT. If Line 16 is greater than Line 13, subtract Line 13 from Line 16 and enter here.....>	18		00
19.	CONTRIBUTIONS TO SPECIAL FUNDS DE Schedule III <u>must</u> be completed and attached.....	19		00
20.	AMOUNT OF LINE 18 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT.....ENTER >	20		00
21.	PENALTIES AND INTEREST DUE. If Line 17 is greater than \$400, see estimated tax instructions.....ENTER >	21		00
22.	NET BALANCE DUE. Add Lines 17, 19 and 21 and enter here.....PAY IN FULL >	22	456	00
23.	NET REFUND. Subtract Lines 19, 20 and 21 from Line 18.....ZERO DUE/TO BE REFUNDED >	23		00


DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.

[illegible]

DATE OF DEATH	
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

NOTE: If your refund is adjusted by \$10.00 or more, a paper check will be issued and mailed to the address on your return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature X		Date	Signature of Paid Preparer X		Date	EIN,SSN or PTIN	
Spouse's Signature (If filing joint) X		Date	Address				Zip Code
Home Phone		Business Phone		Business Phone			
Email Address				Email Address			

2008 DELAWARE RESIDENT SCHEDULES

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child **YOU CLAIMED** the Earned Income Credit for on your federal return.

Qualifying Child Information		CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7		
8. Child's SSN	8		
9. Child's Year of Birth.....	9		
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11		00
12. Delaware EITC Percentage (20%).....	12	.20	
13. Multiply Line 11 by Line 12	13		00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19

or Resident Return, Line 23..... 15

	00
--	----

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code Party ETC 867 Balloon Drive Wilmington, DE 19801		1 Gross distribution \$ 90,564		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">2008</div> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 1 For State, City, or Local Tax Department
		2a Taxable amount \$ 90,564				
				2b Taxable amount not determined <input type="checkbox"/>		
PAYER'S federal identification number 512222299	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name Minnie Mouse Street address (including apt. no.) 120 Disney Street Bridgeville, DE 19933 City, state, and ZIP code		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	%	
		9a Your percentage of total distribution %		9b Total employee contributions \$		
	1st year of desig. Roth contrib.	10 State tax withheld \$ 3,000 ----- \$		11 State/Payer's state no.		12 State distribution \$ ----- \$
Account number (see instructions)		13 Local tax withheld \$ ----- \$		14 Name of locality		15 Local distribution \$ ----- \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2008

R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 2000-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No. _____

Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name FLINSTONE	First Name and Middle Initial FRED	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name WILMA	Jr., Sr., III., etc.

Present Home Address (Number and Street) _____ Apt. # _____

City _____ State _____ Zip Code _____

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widower(er) 3. ☐ Married & Filing Separate Forms 5. ☐ Head of Household
2. ☐ Joint 4. ☒ Married & Filing Combined Separate on this form

Form DE2210
Attached

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From _____ 2008 To _____ 2008
Month Day Month Day**Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.**

	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1	26,899 00	36,589 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input checked="" type="checkbox"/> Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input type="checkbox"/> b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2	3,250 00	3,250 00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3		00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4	3,250 00	3,250 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5	23,649 00	33,609 00
6. Tax Liability from Tax Rate Table/Schedule	930 00	1,480 00
7. Tax on Lump Sum Distribution (Form 329)	00	00
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8	930 00	1,480 00
PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.		
9a. Enter number of exemptions claimed on Federal return <u>3</u> X \$110..... 9a	110 00	220 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110..... 9b		00
10. Tax imposed by State of _____ (Must attach copy of DE Schedule I and other state return).... 10		00
11. Vol. Firefighter Co.# - Column A _____ (Filing Status 4 only) Column B _____ . Enter credit amount.. 11		00
12. Other Non-Refundable Credits (see instructions on Page 7)..... 12		00
13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) 13		00
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14		16 00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15	110 00	236 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16	820 00	1,244 00
17. Delaware Tax Withheld (Attach W2s/1099s)..... 17	900 00	1,300 00
18. 2008 Estimated Tax Paid & Payments with Extensions.... 18	00	00
19. S Corporation Payments Form 1100S/A-1 Required 19	00	00
20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here..... > 20	900 00	1,300 00
21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here..... > 21	00	00
22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here..... > 22	80 00	56 00
23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III 23		00
24. AMOUNT OF LINE 22 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT.....ENTER > 24		00
25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25		00
26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL > 26		00
For all other filing statuses, enter Line 21 plus Lines 23 and 25		
27. NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED > 27		136 00
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22		



Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

28. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	28	26,899	00	36,859	00
29. Interest on State & Local obligations other than Delaware.....	29		00		00
30. Fiduciary adjustment, oil depletion.....	30		00		00
31. TOTAL - Add Lines 29 and 30.....	31		00		00
32. Subtotal. Add Lines 28 and 31.....	32		00		00

33.	Interest received on U.S. Obligations.....	33		00		00
34.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	34		00		00
35.	Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10.....	35		00		00
36.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)...	36		00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here.....	37		00		00
38.	Subtotal. Subtract Line 37 from Line 32.....	38				
39.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	39		00		00
40.	TOTAL - Add Lines 37 and 39.....	40		00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1....	41		00		00

42. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29.....	42	00	00
43. Enter Foreign Taxes Paid (See instructions on Page 11).....	43	00	00
44. Enter Charitable Mileage Deduction (See instructions on Page 11).....	44	00	00
45. SUBTOTAL. - Add Lines 42, 43, and 44 and enter here.....	45	00	00
46a. Enter State Income Tax included in Line 42 above (See instructions on Page 11).....	46a	00	00
46b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	46b	00	00
47. TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions).....	47	00	00

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

Your Signature		Date	Signature of Paid Preparer		Date
Spouse's Signature (if filing joint or combined return)			Date		
			Address-Zip Code		
Home Phone		Business Phone	Business Phone		EIN, SSN OR PTIN
E-Mail Address			E-Mail Address		



2008 DELAWARE RESIDENT SCHEDULES

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child **YOU CLAIMED** the Earned Income Credit for on your federal return.

Qualifying Child Information

	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7 FRED FLINSTONE JR.	
8. Child's SSN	8 444-55-6666	
9. Child's Year of Birth.....	9	
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10	1,480 00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11	82 00
12. Delaware EITC Percentage (20%).....	12	.20
13. Multiply Line 11 by Line 12	13	16 00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14	16 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19

or Resident Return, Line 23..... 15

This page **MUST** be sent in with your Delaware return if any of the schedules (above) are completed.



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 511136789				1 Wages, tips, other compensation 26,899		2 Federal income tax withheld 3,654	
c Employer's name, address, and ZIP code Martha's Catering Service 321 Potts Street Bear, DE 19970				3 Social security wages 26,899		4 Social security tax withheld 1,800	
				5 Medicare wages and tips 26,899		6 Medicare tax withheld 770	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Wilma Flinstone 112 Bedrock Street Seaford, DE 19973				11 Nonqualified plans		12a	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number DE 511136789		16 State wages, tips, etc. 26899		17 State income tax 900		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 516669987				1 Wages, tips, other compensation 36,859		2 Federal income tax withheld 5,776	
c Employer's name, address, and ZIP code Danny Plumbing Service 654 Pipe Lane Newark, DE 19702				3 Social security wages 36,859		4 Social security tax withheld 2,500	
				5 Medicare wages and tips 36,859		6 Medicare tax withheld 1,500	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Fred Flinstone 112 Bedrock Street Seaford, DE 19973				11 Nonqualified plans		12a s a c c	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b s a c c	
				14 Other		12c s a c c	
						12d s a c c	
f Employee's address and ZIP code							
15 State DE	Employer's state ID number 516669987	16 State wages, tips, etc. 36859	17 State income tax 1300	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

2008

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DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 2000-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No. _____

Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name JETSON	First Name and Middle Initial JANE	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.

Present Home Address (Number and Street) 111 SPACESHIP BLVD		Apt. #
City WILMINGTON	State DE	Zip Code 19804

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widower(er) 3. ☐ Married & Filing Separate Forms 5. ☒ Head of Household
2. ☐ Joint 4. ☐ Married & Filing Combined Separate on this form

Form DE2210
Attached

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From _____ 2008 To _____ 2008
Month Day Month Day**Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.**

	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1	00	25,689 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input type="checkbox"/> Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input checked="" type="checkbox"/> b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2	00	6,797 00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3	00	00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4	00	6,797 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5	00	18,892 00
6. Tax Liability from Tax Rate Table/Schedule	00	687 00
7. Tax on Lump Sum Distribution (Form 329)	00	00
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8	00	687 00
PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.		
9a. Enter number of exemptions claimed on Federal return <u>2</u> X \$110..... 9a	00	220 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110..... 9b	00	00
10. Tax imposed by State of <u>PA</u> . (Must attach copy of DE Schedule I and other state return).... 10	00	312 00
11. Vol. Firefighter Co.# - Column A _____ (Filing Status 4 only) Column B _____. Enter credit amount.. 11	00	00
12. Other Non-Refundable Credits (see instructions on Page 7)..... 12	00	00
13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) 13	00	00
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14	00	342 00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15	00	874 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16	00	0 00
17. Delaware Tax Withheld (Attach W2s/1099s)..... 17	00	225 00
18. 2008 Estimated Tax Paid & Payments with Extensions.... 18	00	00
19. S Corporation Payments Form 1100S/A-1 Required 19	00	00
20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here..... > 20	00	225 00
21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here..... > 21	00	00
22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here..... > 22	00	225 00
23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23		00
24. AMOUNT OF LINE 22 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT..... ENTER > 24		00
25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions..... ENTER > 25		00
26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 26		00
For all other filing statuses, enter Line 21 plus Lines 23 and 25		
27. NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 27		225 00
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22		



Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

28.	Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	28		00	25,687	00
29.	Interest on State & Local obligations other than Delaware.....	29		00		00
30.	Fiduciary adjustment, oil depletion.....	30		00		00
31.	TOTAL - Add Lines 29 and 30.....	31		00		00
32.	Subtotal. Add Lines 28 and 31.....	32		00		00

33.	Interest received on U.S. Obligations.....	33		00		00
34.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	34		00		00
35.	Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10.....	35		00		00
36.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)...	36		00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here.....	37		00		00
38.	Subtotal. Subtract Line 37 from Line 32.....	38				
39.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	39		00		00
40.	TOTAL - Add Lines 37 and 39.....	40		00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1....	41		00		00

42. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29.....	42		00	7,334	00
43. Enter Foreign Taxes Paid (See instructions on Page 11).....	43		00		00
44. Enter Charitable Mileage Deduction (See instructions on Page 11).....	44		00		00
45. SUBTOTAL. - Add Lines 42, 43, and 44 and enter here.....	45		00		00
46a. Enter State Income Tax included in Line 42 above (See instructions on Page 11).....	46a		00	537	00
46b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	46b		00		00
47. TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions).....	47		00	6,797	00

[illegible]

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

Your Signature		Date	Signature of Paid Preparer		Date
Spouse's Signature (if filing joint or combined return)			Date		
			Address-Zip Code		
Home Phone		Business Phone	Business Phone		EIN, SSN OR PTIN
E-Mail Address			E-Mail Address		



2008 DELAWARE RESIDENT SCHEDULES

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child **YOU CLAIMED** the Earned Income Credit for on your federal return.

Qualifying Child Information

	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	BOBBY JETSON	
8. Child's SSN	983-12-3456	
9. Child's Year of Birth.....	01-14-1997	
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10	687 00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11	1,711 00
12. Delaware EITC Percentage (20%).....	12	.20
13. Multiply Line 11 by Line 12	13	342 00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14	342 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19

or Resident Return, Line 23..... 15 00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



222222		a Employee's social security number		OMB No. 1545-0008		
b Employer identification number (EIN) 512227733			1 Wages, tips, other compensation 25,689		2 Federal income tax withheld 3,474	
c Employer's name, address, and ZIP code TWA 978 Express Drive Milford, DE 19963			3 Social security wages 25,689		4 Social security tax withheld 650	
			5 Medicare wages and tips 25,689		6 Medicare tax withheld 450	
			7 Social security tips		8 Allocated tips	
d Control number			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Jane Jetson 111 Spaceship Blvd Wilmington, DE 19804			11 Nonqualified plans		12a	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
PA	512227733	25689	312			
DE	512227733	25689	225	25689	125	

Form **W-2** **Wage and Tax Statement**
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2008

Department of the Treasury—Internal Revenue Service

2008

R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 2000-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No. _____

Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name HEN	First Name and Middle Initial BLUE	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name BETTY	Jr., Sr., III., etc.

Present Home Address (Number and Street) 1506 MONTGOMERY ROAD		Apt. #
City WILMINGTON	State DE	Zip Code 19805

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widower(er) 3. ☐ Married & Filing Separate Forms 5. ☐ Head of Household
2. ☐ Joint 4. ☒ Married & Filing Combined Separate on this form

Form DE2210
Attached

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From _____ 2008 To _____ 2008
Month Day Month Day**Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.**

	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1	20,053 00	17,544 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input type="checkbox"/> Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input type="checkbox"/> b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2	3,250 00	3,250 00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3		00 00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4	3,250 00	3,250 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5	16,803 00	14,294 00
6. Tax Liability from Tax Rate Table/Schedule	589 00	466 00
7. Tax on Lump Sum Distribution (Form 329)		00 00
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8	589 00	466 00
PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.		
9a. Enter number of exemptions claimed on Federal return _____ 8 _____ X \$110..... 9a	770 00	110 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> 7 Column B <input type="checkbox"/> 1		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110..... 9b		00 00
10. Tax imposed by State of <u>PA</u> . (Must attach copy of DE Schedule I and other state return).... 10		466 00
11. Vol. Firefighter Co.# - Column A _____ (Filing Status 4 only) Column B _____. Enter credit amount.. 11		00 00
12. Other Non-Refundable Credits (see instructions on Page 7)..... 12		00 00
13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) 13		00 00
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14	33 00	00 00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15	803 00	576 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16	0 00	0 00
17. Delaware Tax Withheld (Attach W2s/1099s)..... 54 00		00 00
18. 2008 Estimated Tax Paid & Payments with Extensions.... 00 00		00 00
19. S Corporation Payments Form 1100S/A-1 Required 00 00		00 00
20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here..... > 20	54 00	00 00
21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here..... > 21		00 00
22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here..... > 22		00 00
23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23		00 00
24. AMOUNT OF LINE 22 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT..... ENTER > 24		00 00
25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions..... ENTER > 25		00 00
26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 26		00 00
For all other filing statuses, enter Line 21 plus Lines 23 and 25		
27. NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 27		54 00
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22		



Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
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28.	Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	28	20,053	00	17,544	00
29.	Interest on State & Local obligations other than Delaware.....	29		00		00
30.	Fiduciary adjustment, oil depletion.....	30		00		00
31.	TOTAL - Add Lines 29 and 30.....	31		00		00
32.	Subtotal. Add Lines 28 and 31.....	32		00		00

33.	Interest received on U.S. Obligations.....	33		00		00
34.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	34		00		00
35.	Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10.....	35		00		00
36.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)...	36		00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here.....	37		00		00
38.	Subtotal. Subtract Line 37 from Line 32.....	38				
39.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	39		00		00
40.	TOTAL - Add Lines 37 and 39.....	40		00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1....	41	20,053	00	17,544	00

42.	Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29.....	42		00		00
43.	Enter Foreign Taxes Paid (See instructions on Page 11).....	43		00		00
44.	Enter Charitable Mileage Deduction (See instructions on Page 11).....	44		00		00
45.	SUBTOTAL. - Add Lines 42, 43, and 44 and enter here.....	45		00		00
46a.	Enter State Income Tax included in Line 42 above (See instructions on Page 11).....	46a		00		00
46b.	Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	46b		00		00
47.	TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions).....	47		00		00

[illegible]

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

Your Signature		Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return)			Date	
Address			Zip Code	
Home Phone		Business Phone	Business Phone	EIN, SSN OR PTIN
E-Mail Address			E-Mail Address	

(Rev 10/15/08) (VENDOR ID #)



2008 DELAWARE RESIDENT SCHEDULES

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
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DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00	466	00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child **YOU CLAIMED** the Earned Income Credit for on your federal return.

Qualifying Child Information		CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7		
8. Child's SSN	8		
9. Child's Year of Birth.....	9		
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		589 00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11		163 00
12. Delaware EITC Percentage (20%).....	12		.20
13. Multiply Line 11 by Line 12	13		33 00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		33 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19
or Resident Return, Line 23.....

15		00
----	--	----

This page **MUST** be sent in with your Delaware return if any of the schedules (above) are completed.



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 518894567			1 Wages, tips, other compensation 17,544		2 Federal income tax withheld 2,254		
c Employer's name, address, and ZIP code Allure Technology 219 Park Avenue Laurelton, PA 27107			3 Social security wages 17,544		4 Social security tax withheld 500		
			5 Medicare wages and tips 17,544		6 Medicare tax withheld 125		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Blue Hen 1506 Montgomery Road Wilmington, DE 19805			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State PA	Employer's state ID number 518894567	16 State wages, tips, etc. 17544	17 State income tax 466	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** **Wage and Tax Statement**
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2008

Department of the Treasury—Internal Revenue Service

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51-7775926			1 Wages, tips, other compensation 20,053		2 Federal income tax withheld 2,634		
c Employer's name, address, and ZIP code Burberry Markets 1516 Lexington Avenue Bear, DE 19701			3 Social security wages 20,053		4 Social security tax withheld 200		
			5 Medicare wages and tips 20,053		6 Medicare tax withheld 25		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Betty Hen 1506 Montgomery Road Wilmington, DE 19805			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
DE	51-7775926	20053	54				

Form **W-2** Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2008

Department of the Treasury—Internal Revenue Service

2008

R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 2000-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No. _____

Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name FLOWERS	First Name and Middle Initial RUTH	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.

Present Home Address (Number and Street) 1235 LINDEN ST		Apt. #
City WILMINGTON	State DE	Zip Code 19805

FILING STATUS (MUST CHECK ONE)

1. ☒ Single, Divorced, Widower(er) 3. ☐ Married & Filing Separate Forms 5. ☐ Head of Household
2. ☐ Joint 4. ☐ Married & Filing Combined Separate on this form

Form DE2210
Attached

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From _____ 2008 To _____ 2008
Month Day Month Day**Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.**

	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1	00	8,465 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input checked="" type="checkbox"/> Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input type="checkbox"/> b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2	00	3,250 00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3	00	00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4	00	3,250 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5	00	5,215 00
6. Tax Liability from Tax Rate Table/Schedule	00	75 00
7. Tax on Lump Sum Distribution (Form 329)	00	00
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8	00	75 00
PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.		
9a. Enter number of exemptions claimed on Federal return _____ 1 X \$110..... 9a	00	00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110..... 9b	00	110 00
10. Tax imposed by State of _____ (Must attach copy of DE Schedule I and other state return).... 10	00	00
11. Vol. Firefighter Co.# - Column A _____ (Filing Status 4 only) Column B _____. Enter credit amount.. 11	00	00
12. Other Non-Refundable Credits (see instructions on Page 7)..... 12	00	00
13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) 13	00	00
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14	00	00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15	00	110 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16	00	35 00
17. Delaware Tax Withheld (Attach W2s/1099s).....	00	217 00
18. 2008 Estimated Tax Paid & Payments with Extensions....	00	00
19. S Corporation Payments Form 1100S/A-1 Required	00	00
20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here..... > 20	00	00
21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here..... > 21	00	182 00
22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here..... > 22	00	00
23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23		00
24. AMOUNT OF LINE 22 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT.....ENTER > 24		00
25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25		00
26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL > 26		00
For all other filing statuses, enter Line 21 plus Lines 23 and 25		
27. NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED > 27		182 00
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22		



Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

28.	Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	28		00		8,465	00
29.	Interest on State & Local obligations other than Delaware.....	29		00			00
30.	Fiduciary adjustment, oil depletion.....	30		00			00
31.	TOTAL - Add Lines 29 and 30.....	31		00			00
32.	Subtotal. Add Lines 28 and 31.....	32		00			00

33.	Interest received on U.S. Obligations.....	33		00		00
34.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	34		00		00
35.	Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10.....	35		00		00
36.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)...	36		00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here.....	37		00		00
38.	Subtotal. Subtract Line 37 from Line 32.....	38				
39.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	39		00		00
40.	TOTAL - Add Lines 37 and 39.....	40		00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1....	41		00		00

42.	Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29.....	42		00		00
43.	Enter Foreign Taxes Paid (See instructions on Page 11).....	43		00		00
44.	Enter Charitable Mileage Deduction (See instructions on Page 11).....	44		00		00
45.	SUBTOTAL. - Add Lines 42, 43, and 44 and enter here.....	45		00		00
46a.	Enter State Income Tax included in Line 42 above (See instructions on Page 11).....	46a		00		00
46b.	Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	46b		00		00
47.	TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions).....	47		00		00

[illegible]

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

Your Signature		Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return)			Date	
Address-Zip Code				
Home Phone		Business Phone	Business Phone	EIN, SSN OR PTIN
E-Mail Address			E-Mail Address	



2008 DELAWARE RESIDENT SCHEDULES

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child **YOU CLAIMED** the Earned Income Credit for on your federal return.

Qualifying Child Information		CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7	SHANICE FLOWERS	KALA FLOWERS
8. Child's SSN	8	435-12-6789	123-90-8884
9. Child's Year of Birth.....	9	1999	1992
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		75 00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11		3,390 00
12. Delaware EITC Percentage (20%).....	12		.20
13. Multiply Line 11 by Line 12	13		678 00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		75 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19

or Resident Return, Line 23..... 15 00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 518879324			1 Wages, tips, other compensation 8,465		2 Federal income tax withheld 894		
c Employer's name, address, and ZIP code Vutton Technology 2500 Fifth Avenue Newark, DE 19701			3 Social security wages 8,465		4 Social security tax withheld 112		
			5 Medicare wages and tips 8,465		6 Medicare tax withheld 97		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Ruth Flowers 1235 Linden Street Wilmington, DE 19805			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
DE	518879324	5465	217				

Form **W-2** **Wage and Tax Statement**
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2008

Department of the Treasury—Internal Revenue Service